Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTR	ATIVE	PROCEDURES	NOTICE	FILING
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ADMINISTRATIVE TROCEDO	KES NOTICE FIELING				
AGENCY NAME Mississippi Department of Education		CONTACT PERSON Paula A. Vanderford, Ph.D.	TELEPHONE NUMBER 601,359,3764		
ADDRESS 359 North West Street		CITY Jackson		STATE MS	ZIP 39201
EMAIL pvanderford@mde.k12.ms.us	SUBMIT DATE 1/21/14	Name or number of rule(s):			1
,	3/23/27	Title 7: Education K-12 Part 24: Mississippi Public School A	ol Accountability Standards, 2012		
Short explanation of rule/amendm Statewide Accountability System for Specific legal authority authorizing	or School Year 2013-20	14 and thereafter	nent/repeal:	Revised the Miss	sissippi
List all rules repealed, amended, o	r suspended by the pro	posed rule: Mississippi Statew	ide Account	ability System ar	nd the
Mississippi Public School Accounta	bility Standards (Part 2	4)			
ORAL PROCEEDING:					
An oral proceeding is scheduled	for this rule on Date	::			
Presently, an oral proceeding is	not scheduled on this	rule.			
If an oral proceeding is not scheduled, an oral proceeding is not scheduled, an oral ten (10) or more persons. The written requirements of proposed rule adoption and shoul agent or attorney, the name, address, email comment period, written submissions included the process of	est should be submitted to t d include the name, address, l address, and telephone nun ding arguments, data, and vi	he agency contact person at the above email address, and telephone numbe nber of the party or parties you repres	address within r of the person(sent. At any tim	twenty (20) days af s) making the reque e within the twenty	ter the filing of this st; and, if you are an -five (25) day public
ECONOMIC IMPACT STATEMEN	l:				
Economic impact statement no	t required for this rule.	Concise summary of ed	conomic imp	act statement a	ttached.
TEMPORARY RULES PROF		SED ACTION ON RULES	FINAL ACTION ON RULES		
To be in effect in days Effective date: Immediately upon filing Other (specify): Propos		sed: ule(s) Iment to existing rule(s) I of existing rule(s) I on by reference Il effective date: I'vs after filing (specify):	Date Proposed Rule Filed:		
Printed name and Title of person	authorized to file ru	iles: Paula AVanderford/	Ph.D., Bure	au Manager	•
Signature of person authorized to	o file rules:	1 (2 /6)	11	/	
OFFICIAL FILING STAMP) WRITE BELOW THIS LINE ICIAL FILING STAMP	// OF	FICIAL FILING S	TAMP
			SEC	JAN 2 1 2 IVII 3 5 1 5 5 11 RETARY O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Accepted for filing by	Accepted for	filing by	Accepted for #202		RIT I
The entire text of the Proposed Rule	including the text of a	ny rule being amended or char			1